

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	METHOD AND SYSTEM FOR DISPLAYING REGIONS OF PATHOLOGICAL INTEREST
Attorney Docket Number::	066243-0248 (141451)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	4
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Mark M.
Family Name::	Morita
City of Residence::	Arlington Heights

State or Province of Residence:: Illinois
Country of Residence:: US
Street of mailing address:: 1009 W. Oakton St.
City of mailing address:: Arlington Heights
State or Province of mailing address:: IL
Postal or Zip Code of mailing address:: 60004

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Steven L.
Family Name:: Fors
City of Residence:: Chicago
State or Province of Residence:: Illinois
Country of Residence:: US
Street of mailing address:: 124 W. Polk #802
City of mailing address:: Chicago,
State or Province of mailing address:: IL
Postal or Zip Code of mailing address:: 60605

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Khal A.
Family Name:: Rai

City of Residence:: Round Lake
State or Province of Illinois
Residence::
Country of Residence:: US
Street of mailing address:: 9N Durham Lane
City of mailing address:: Round Lake
State or Province of mailing IL
address::
Postal or Zip Code of mailing 60073
address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Carson H.
Family Name:: Thomas
City of Residence:: Brookfield
State or Province of Wisconsin
Residence::
Country of Residence:: US
Street of mailing address:: 19430 Edmonton Drive
City of mailing address:: Brookfield
State or Province of mailing WI
address::
Postal or Zip Code of mailing 53045
address::

Correspondence Information**Correspondence Customer Number::** 33679**E-Mail address::** PTOMailMilwaukee@Foley.com**Representative Information**

Representative Customer Number::	33679	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: GE Medical Systems Information Technologies, Inc.